

Environmental and Archeological Assessment

TO: Cdr, 1st CAS Bn ATTN: ATZC-B-C Range Scheduling	THRU: Cdr, USAADACENFB ATTN: ATZC-DOE Ft Bliss, TX 79916	FROM
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Request the location described below be evaluated for environmental and archeological impact. Request approvals, changes and restrictions be noted as appropriate.

Signature (Unit Cdr/S-3)

Date

Type of operations: _____

Start Date: _____ End Date: _____ Number of Personnel: _____

Number of Vehicles: Total: _____ Track: _____ Wheel: _____

Maneuver Area	Activity	Grid Coordinates	Changes/Restrictions

REMARKS:

LOCATION FOR OPERATION/ACTION IS: _____
 (Note: Required for Off-Post units only) Recommend approval Recommend approval with changes

DPTMS Representative

Date

LOCATION FOR OPERATION/ACTION IS: Recommend approval Recommend approval with changes

DOE Representative

Date

Requesting unit agrees with and will implement
the evaluation action with noted restrictions/changes.

Signature of Unit Representative